



Dear Applicant,

We must all work together to ensure children and youth in the District of Columbia are provided with the highest quality of nutritious foods each and every day. This can be done most effectively by working with the Office of the State Superintendent of Education (OSSE) through the US Department of Agriculture, Child Nutrition Programs which include the National School Lunch and Breakfast Programs, the Child and Adult Care Food Program and the Summer Food Service Program.

The first step for your organization to receive funds for providing free meals to children and youth during the summer months begins with completing an application to participate in the USDA Summer Food Service Program (SFSP), also known as the DC Free Summer Meals Program (FSMP). The State Agency will provide training and technical assistance on food-service operations, nutrition education and guidance on meeting food safety requirements.

Just as education for children should not end when school is out, neither should access to nutritious meals. In order for children to grow stronger in mind and body, it is vital that they receive adequate and proper nutrition and exercise. The importance of a healthy diet and exercise on a regular basis cannot be overstated. This is essential for maintaining a healthy weight. It will also validate what various health studies suggest; access to healthy nutrition will decrease the incidence of obesity, high blood pressure and type-II diabetes. Statistics have shown that an increasing number of urban children and youth are affected by these health plights and the children of DC are not immune to these health problems.

Community and faith-based organizations, schools, child care centers, family day care homes, adult day care centers, shelters, after school programs and summer camps can all play a vital and influential role in changing nutritional habits to help in ensuring our children and youth have a healthier future.

Thank you for taking the time to serve the children of our Nation's Capital nutritious meals. I look forward to working with and celebrating with you the rewarding results you will glean from all of your hard work and dedication while participating in the DC Free Summer Meals Program and as reflected in the many happy smiles of the children...today and tomorrow.

Sincerely,

Elisabeth Sweeting

Program Specialist

Division of Wellness and Nutrition Services

Office of the State Superintendent of Education



OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION
Division of Wellness and Nutrition Services
2014 D.C. Free Summer Meals Program
Application Checklist

Due date is May 23, 2014

Both copies of the application submitted must contain original signatures on appropriate forms.
 Submit two copies of each required document unless otherwise indicated.

* supporting documentation required

Application Document	
Application	
Site Information Sheet for each site	
Permanent Agreement and Policy Statement	
Audit Requirement Questionnaire	
One-month FSMP/HSA menu	
Pre-Award Civil Rights Questionnaire (1 copy)	
Media Release for Open and/or Enrolled sites	
Proof of W-9 Federal Employer Identification Number (EIN)*	
Master Collection Form	
Copy of 501(C)3 Tax Exemption or Church Affiliation*	
Commodities Order (SFA & Self-Prep Sponsors ONLY)	
Copy of Food Safety Manager Certificates for each site	
Sponsors of day and residential CAMPS ONLY	
Camp Hearing Procedures	
Sponsors with VENDED MEALS ONLY	
<u>Contracts greater than \$100,000</u> • Request for Proposal for Food Service Management Company; or • Annual Contract Renewal and Extension	
<u>Procurement Contract Package</u> Government/Public Agency: total contract value is ≤\$25,000 Private Nonprofit: total contract value is ≤\$100,000	
<u>Exclusive year-round contracts not to exceed \$10,000</u> Agreement to Furnish Meals with a Food Service Management Company	
<u>Local Educational Agency (LEA) Agreement</u> Agreement for Local Educational Agency to Furnish Meals	



Office of the State Superintendent of Education (OSSE)
Free Summer Meals Program (FSMP)
2014 APPLICATION

Complete ALL questions and submit supporting documentation

Name of Agency:	
DUN's Number:	
Federal Employer Identification Number (EIN):	

1. Type of Agency:				
Local Educational Agency <input type="checkbox"/>	Government <input type="checkbox"/>	Nonprofit Private Organization* <input type="checkbox"/>	NYSP <input type="checkbox"/>	Residential Camp* <input type="checkbox"/>

***New nonprofit private organizations must submit documentation of their exemption under IRS 501(c)(3).**

2. Type of Agency:				
<input type="checkbox"/> Government	<input type="checkbox"/> Educational Institution	<input type="checkbox"/> Non-Religious/Non Profit	<input type="checkbox"/> Faith Based/Non Profit	
3. Authorized Representative: The person who is legally and fiscally responsible for the agency's FSMP operations				
Name and Title:				
Address:				
Phone:		Fax:		Email:

4. Contact Person: The person who OSSE should communicate with about the FSMP				
Name and Title:				
Address:				
Phone:		Fax:		Email:
Designee of Authorized Representative (Authorized to sign Program documents and claims) :			<input type="checkbox"/> Yes <input type="checkbox"/> No	Initial:

5. Other U.S. Department of Agriculture programs that the agency participates in: <input type="checkbox"/> None			
<input type="checkbox"/> CACFP	<input type="checkbox"/> National School Lunch Program <input type="checkbox"/> School Breakfast Program	<input type="checkbox"/> Food Distribution/Commodities	<input type="checkbox"/> Special Milk Program

6. Describe the type of ongoing year-round service the agency provides to the community. If no ongoing year-round service is provided, describe the primary purpose of the agency.	

7. Did the agency expend \$500,000 or more in federal funds during the most recently completed fiscal year?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes (specify each source of federal funds, the amount expended for each and submit an audit report with this application)

8. Has the agency ever been determined seriously deficient in the operation of any Federal child nutrition program?					
<input type="checkbox"/> No <input type="checkbox"/> Yes, provide explanation:					
9. Has anyone employed by the agency and who is involved in the administration of the FSMP, ever been convicted of fraud or abuse of federal funds?					
<input type="checkbox"/> No <input type="checkbox"/> Yes, provide explanation:					
10. Is the agency requesting Advance payments?					
<input type="checkbox"/> No		<input type="checkbox"/> Yes		<input type="checkbox"/> June: \$	<input type="checkbox"/> July: \$ <input type="checkbox"/> August: \$
11. Operating Dates:		Earliest Start Date:		Latest End Date:	
12. Total Number of Sites:					
13. Meal Types:		<input type="checkbox"/> Breakfast	<input type="checkbox"/> AM Snack	<input type="checkbox"/> Lunch	<input type="checkbox"/> PM Snack <input type="checkbox"/> Supper
14a. Meal Service:		Following the Healthy School Act (HSA) meal pattern requirements			<input type="checkbox"/> No <input type="checkbox"/> Yes
14b. Meal Times:		<input type="checkbox"/> Breakfast:	<input type="checkbox"/> AM Snack	<input type="checkbox"/> Lunch	<input type="checkbox"/> PM Snack <input type="checkbox"/> Supper
14c. Weekend Meal Service: <small>(Indicate meal type and time of meals)</small>		<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Saturday:	<input type="checkbox"/> Sunday:
15a. Source of Meals:		<input type="checkbox"/> Self-Preparation		<input type="checkbox"/> Vended – Name of food service vendor:	
For information about procurement of meals, contact the SFSP Program Specialist at 202-724-7628.					
15b. Commodities: If eligible and there is a surplus, does the organization want to receive USDA commodities? <input type="checkbox"/> No <input type="checkbox"/> Yes					
16. Administrative staff and site personnel must be trained annually on FSMP requirements. Documentation of the training must be maintained on file. Training of <u>site</u> personnel shall at the minimum, include:					
a) Purpose of the FSMP, b) site eligibility, c) recordkeeping, d) site operations, e) meal pattern requirements, and f) duties of a monitor.					
Date(s) of training for agency's <u>administrative</u> staff: (attach separate sheet if necessary)					
Date(s) of training for agency's <u>site</u> personnel: (attach separate sheet if necessary)					
17. List all sources of income, other than USDA reimbursement, specifically designated for food service only and how it will be used:					
18. FSMP Budget (Refer to the <i>USDA SFSP Administrative Guidance for Sponsors</i> handbook for assistance with preparing your budget.)					
Salaries/Labor:				\$	
Food:				\$	
Nonfood supplies:				\$	
Food service equipment rental:				\$	
Building rental/Utilities/Telecommunications:				\$	
Transportation:				\$	
Office equipment/supplies:				\$	
Other:				\$	
Total Budget:				\$	

Subtract the anticipated reimbursement: *Based on the projected number of meals served, by each meal type, multiplied by the rate of reimbursement for each meal type served. See FSMP Reimbursement Worksheet for assistance.*

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Balance:

\$

19. License Types

Expiration Date

License Number

BBL (Basic Business License)

CO (Certificate of Occupancy)

CCL (Child Care License)

BUA (Building Use Agreement)

HI (Health Inspection)

20. Administrative Staff and Site Personnel Training: Annual training on basic food safety requirements, per the District of Columbia's Department of Health regulations is required. Documentation of food safety training must be maintained on file during the SFSP operation period. Training of site personnel shall at the minimum, include all persons handling food.

***** Training is MANDATORY for individuals that are not certified as Safe Food Handler's under the Department of Health. Please list the names of site personnel in need of this training.**

Administrative staff: (attach separate sheet if necessary)

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Site personnel: (attach separate sheet if necessary)

CERTIFICATION AND STATEMENT OF ASSURANCE: I certify that the information submitted on this Application, including attachments, is true and correct and am aware that deliberate misrepresentation or withholding of information may result in prosecution under applicable State and Federal statutes. I assure that all children will be served the same meals, that there will be no discrimination in the course of the food service, and that if not a camp, the meals served will be free at all sites.

Signature of Authorized Representative

Date

Print Name and Title